

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, Telephone No.) <hr/> ATTORNEY FOR (Name): _____ Bar No: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Central <input type="checkbox"/> Harbor <input type="checkbox"/> Lamoreaux <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> West STREET ADDRESS: _____ P.O. BOX: _____ CITY AND ZIP CODE: _____	
PLAINTIFF / PETITIONER: _____ DEFENDANT / RESPONDENT: _____	
JOINT CASE MANAGEMENT STATEMENT (EVALUATION CONFERENCE) Complaint Date: _____ OVER \$25,000	
CASE NUMBER: _____ Judge: _____ Dept.: _____ Hearing Date: _____	

Counsel for the plaintiff shall have the responsibility to have this form executed by all parties and shall file this form directly in the department of the assigned judge five (5) days prior to the Evaluation Conference. Failure to file or cooperate in completion of this document may result in an Order to Show Cause why sanctions, monetary and/or evidentiary, should not be imposed pursuant to Rules 227 of the California Rules of Court, Section 177.5 and 128.5 of the Code of Civil Procedure. In the event any party is unable or unwilling to execute this document, the submitting party shall submit the document along with a declaration.

1. Nature of case and issues involved _____

 a. Indicate number(s) of any related case(s) : _____
 _____ Damages: Complaint _____ Cross-Complaint _____
2. Jury trial requested? **9** Yes **9** No By _____ Time estimate: _____ **9** days **9** hours
3. All parties have been served and answered? **9** Yes **9** No Number of parties: _____
 If no, the following parties named in the complaint or cross-complaint _____
 a. **9** have not been served (specify names): _____
 b. **9** have been served, but have not appeared and have not been dismissed (specify names): _____

4. If this is a personal injury or wrongful death case, plaintiff alleges the following:
 - a. Nature and extent of injuries: _____

 - b. Length of hospital admission immediately following injury: _____
 - c. Permanent injuries being claimed: _____
 - d. Medical expenses to date: _____ Future expenses: _____
 - e. Loss of earnings to date: _____ Other special damages: _____
 General damages: _____ Punitive damages: _____

(Continued on reverse side)

5. If this is not a personal injury case, list each item of damages claimed by plaintiff:
- Supported by documentary evidence (type and dollar amount): _____

 - Not supported by documentary evidence (type and dollar amount): _____

6. Any pending or anticipated Law and Motion? _____

7. All discovery is complete except the following which will be completed as indicted:

PARTY
DATE

DESCRIPTION

PARTY DATE	DESCRIPTION

8. a. 9 This matter is ready or will be ready for a Mandatory Settlement Conference ninety days from the date of the Evaluation conference.
- b. 9 Parties have stipulated to Mandatory/Binding Arbitration. Stipulation signed by all parties (if binding) are attached.
- c. 9 This is a collection case subject to Rule 451 of the Orange County Superior Court Rules.

9. Items listed on the Joint Case Management Statement to which counsel do not agree should be listed below, by item number and reason:

a. _____ (party name) disagrees with:

b. _____ (party name) disagrees with:

(Please attach additional sheets(s) as needed)

I certify under penalty of perjury under the law of the State of California that the foregoing is true and correct.

ATTORNEY
FOR

SIGNATURE
TYPE NAME BELOW

DATE
SIGNED

ADDRESS

ATTORNEY FOR	SIGNATURE TYPE NAME BELOW	DATE SIGNED	ADDRESS